



City of Long Beach Department of Health and Human Services
Tobacco Retail Enforcement Program
2525 Grand Avenue, Room 220, Long Beach CA 90815
Phone: (562) 570-7905 or 7923 Fax: (562) 570-8124

APPLICATION
TOBACCO RETAIL PERMIT
[Long Beach Municipal Code 5.81]

This Application is for:
(Check box)

☐ New Permit

☐ Change of Ownership

☐ Change of Business Name

☐ Change of Location

Name of Business (DBA): _____

(Please print)

Type of Ownership:
(Check box)

☐ Individual

☐ Corporation

☐ Partnership

☐ Other _____

Business Address: _____

(Please print)

Name of Owner(s): _____

(Please print)

(Please print)

Mailing Address: _____

(Please print)

City: _____

(Please print)

State: _____

Zip: _____

Phone: (____) _____

Fax: (____) _____

Email: _____

City of Long Beach Business License#: _____

CA State Board of Equalization Tobacco License#: _____

(DO NOT SEND PAYMENT WITH APPLICATION)

This application must be completed, signed and returned to the address above by mail or fax, even if you do not require a permit.

Please check the appropriate box:

☐

I am a tobacco retailer and hereby apply for a City of Long Beach Tobacco Retail Permit.

☐

I am not a tobacco retailer and do not sell any tobacco products, or tobacco paraphernalia.

I declare under penalty of perjury under the laws of the State of California that the foregoing statement is true and correct.

Name: _____

(Please print)

Signature: _____

(Authorized Person)

Title: _____

(Please Print)

Date: _____

By signing this application, you agree that you will not violate any federal, state, or city laws relating to youth and tobacco products/paraphernalia.

DO NOT WRITE BELOW THIS LINE

(Office Use only)

Approved _____ Denied _____ Date: _____ T.R.E.P. Officer _____

Account#: _____ Permit#: _____

Comments: _____ Rev. 4/08